श्री सभापति: ठीक है। Next, Question No. 345.

*345. [The questioner (Shri Mahendra Mohan) was absent. For answer *vide* page 38 infra.]

NRHM in Orissa

*346. MS. PRAMILA BOHIDAR:

SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the status of National Rural Health Mission, an ambitious project of the Centre; and

(b) the progress of its implementation in Orissa and how far it has improved the rural health infrastructure in the State?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) A Statement is laid on the Table of the House.

Statement

National Rural Health Mission (NRHM) was launched all over the country on 12th April, 2005. The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. The first year was preparatory phase of the Mission during which Institutional arrangements were established in all States. Guidelines for various strategies were firmed up and disseminated to States for operationalisation. Since its launch, Institutional arrangements for the Mission have been operationalised in all States. These include State and District Health Missions which have been constituted in all States/UTs. The operational merger of Departments of Health & Family Welfare has also been completed in all States. The States have also merged various Programme societies in Health sector at State and district levels into a common State/District Health Society.

Over 2,38,000 ASHAs have been reported selected in various States till date and out of these, over 1,49,000 have received the orientation training also. Detailed guidelines for mentoring of ASHAs as well as the associated generic funding have been disseminated to the States. Under NRHM, all

Subcentres in the country have been rejuvenated through release of Annual grant of Rs. 10,000/-. During 2005-06 and 06-07, amounts of Rs. 205.87 and Rs. 55.03 crore respectively have been released to the States under this head. Funds have been released to the States to undertake facility survey of all health facilities and prepare detailed plans for upgradation to Indian Public Health Standards (IPHS) in phased manner over Mission period. States have identified 2045 CHCs for upgradation to IPHS and Rs. 370 crores and 326.40 crores have been released during 2005-06 and 2006-07 respectively for starting the upgradation process. Under NRHM, States have prepared Integrated District Health Action Plans which are sector wide in import and address all aspects of health including the collateral health determinants like nutrition, sanitation, drinking water etc.

The States have augmented availability of critical manpower through contractual appointment of doctors, paramedical staff and management manpower at various levels. Large number of Additional training initiatives have also been undertaken. Phase II of Reproductive and Child Health Programme and the Janani Suraksha Yojana to promote safe delivery have been operationalised as part of NRHM and are being implemented in the States. To improve Immunisation coverage in the country, Accelerated Routine Immunization (ARI) has been taken up in focus States. Over 297 Mother NGOs have been appointed to cover 404 districts. A comprehensive Multi-media campaign on health issues has been carried out. A detailed monitoring system has been set up which includes regular MIS, review meetings with States, Independent Monitoring by reputed organisations, Mentoring Groups/Advisory Group on Community Action comprising leading NGO representatives.

During FY 2006-07, till date, an amount of Rs. 3381 crore has been released under NRHM to various States for various strategies.

The State of Orissa is one of the High Focus States under NRHM. Institutional framework under the Mission has been set up in Orissa and meetings of State and District Health Missions have been convened regularly. In Orissa, over 12,000 ASHAs have been selected and trained till date. The State of Orissa has operationalised joint accounts at Sub Centre level in 5657 Subcentres and positioned 2nd ANM in 243 Sub centres. An amount of Rs. 11.85 crore and Rs. 4.80 crore were released to the State as untied funds for use at sub Centres during 2005-06 and

2006-07 respectively. The State of Orissa has also reported selection of 60 CHCs for upgradation to IPHS and has completed facility surveys. An amount of Rs. 24 crore was released to the State for starting the upgradation process at the CHCs during 2005-06. The State has operationalised over 250 Rogi Kalyan Samitis at various levels. The State has also been granted additional funds of Rs. 19.11 crore during 2005-06 for improving the supply of medicines at CHCs and FRUs. The State has received Rs. 40.50 crore and Rs. 49.57 crore under the approved of RCH II PIP for 2005-06 and 2006-07 respectively. This includes release of Rs. 6.39 crore for Janani Suraksha Yojana (JSY) which is a maternity benefit scheme which incentivises Institutional delivery.

MS. PRAMILA BOHIDAR: Mr. Chairman, Sir, I would like to know from the Minister: Has the National Rural Health Mission any specific component to address area-sepcific diseases like malaria, filaria and sicklecell which are largely found in Orissa? In Orissa, child mortality rate is very high in comparison to the national average. This is due to malnutrition of the mother and the child and lack of maternal health care. Does any specific scheme exist undr the NRHM for Orissa?

DR. ANBUMANI RAMDOSS: Sir, the National Rural Health Mission is one of the flagship programmes of the UPA Government. This programme was launched in April last year and it's been one year since we are trying to implement the programme. This is a seven-year old programme. This is a holistic component of not only health, but nutrition, sanitation, drinking water and health. And in health, some of the main goals of the programme are, to reduce infant mortality rate, reduce maternal mortality rate, reduce the total mortality rate and, of course, prevent the diseases. As the hon. Member asked, almost all the disease control programme come under NRHM and at the district level, we have these district health missions and district health societies formed and we have converged almost all the health societies ealier which were in the district for individual programmes like, for example, there was a society for TB programme, there was one for leprosy programme and there was one for iodine-deficiency programme. All these programmes have been clubbed as one district health society and through this society, now, we are diverging at the district level so that it will be more effective in monitoring our programmes. Definitely, Sir, the State of Orissa comes under the NRHM. In fact, the National Rural Health Mission covers the entire country, but it

focuses on 18 States and Orissa is one of the major States which we are trying to focus on because of the parameters on the health sector there, which is little disheartening.

In my answer itself, Sir, we have mentioned 'ASHA', the Accredited Social Health Activist. It's a health worker. Through these health workers, in almost all the villages, including the villages of Orissa, we are trying to have a lot of infusion into the system. One, we are trying to upgrade the infrastructure, the health infrastructure. Almost all the sub centres, primary health centres, community health centres and, of course, the district headquarters hospitals are being upgraded. Sir, I could call this NRHM as one of the biggest programmes in the last fifty years and through this programme, definitely, not only Orissa, but almost all the States of the country are being covered.

MS. PRAMILA BOHIDAR: Sir, my second supplementary is that the population of Tribals and the Scheduled Castes in Orissa is very high. They live in extremism-affected area. Has NRHM got specific schemes for these areas?

DR. ANBUMANI RAMDOSS: Yes, Sir. I have already mentioned that we are definitely focussing more on these tribal areas and poor villages, and this National Rural Health Mission covers mostly these areas. In every village, in every tribal village or poor village, and, in fact, in almost all the villages, a health worker called "ASHA" is there. In fact, in Orissa, about 30,000 ASHAs are envisaged, but till today 12,000 ASHAs are put in place and they are trained. These ASHAs are health workers, and they have to live in the village and have a minimum eligibility criteria. They have been trained and oriented for immunisation and institutional deliveries. These are their main functions so that it reduces the infant mortality and the maternal mortality. Schemes like Janani Swaraksha Yojana and RCH (Reproductive Child Health) programme are there. These are the two major programmes which we have put in the NRHM and through this, I assure the House, may be, in the next three years, a lot of parameters like IMR, MMR, TFR, etc., in the villages will be reduced.

श्री तारिक अनवर: सभापति महोदय, मंत्री जी ने अपने उत्तर में जो panel list दिया है, उसमें जिन hospitals and diagnostic centres की जो list दी है, उसमें उत्तर प्रदेश के 4, जिनमें 2 गाज़ियाबाद, 2 नोएडा और 2 गुड़गांव यानी हरियाणा का दिया है। मैं मंत्री जी से यह जानना

चाहूंगा कि यह जो panel list है, क्या इसमें दूसरे राज्यों के भी hospitals and diagnostic centres लिए जाएंगे?

श्री सभापति: आप कौन-सा क्वैश्चन पूछ रहे हैं? आप क्वैश्चन नं॰ 345 पर पूछ रहे हैं न।

DR. ANBUMANI RAMDOSS: His supplementary is on the previous question. This is NRHM (National Rural Health Mission).

SHRI TARIQ ANWAR: I am sorry, Sir.

श्री रूद्रनारायण पाणि: धन्यवाद सभापति जी। यह गौर करने की बात है कि इस सरकार की कई सारी ऐसी योजनाएं हैं, जिन योजनाओं का आखिरी शब्द मिशन है, जैसे Jawaharlal Nehru Urban Renewal Mission और ...(**व्यवधान**)...

श्री सभापति: आप क्वैश्चन करिए ...(**व्यवधान**)... आप क्वैश्चन करिए ...(**व्यवधान**)...

श्री रूद्रनारायण पाणि: महोदय, इस सरकार की कई सारी योजनाएं हैं, जिन योजनाओं का आखिरी शब्द मिशन है। पता नहीं किस मिशन से इस सरकार ने योजना के नाम में आखिरी शब्द मिशन रखा है। देश में लोग कहते हैं कि शायद कमीशन मिल रहा होगा, इसलिए योजना के नाम में मिशन लगाया गया है ...(**व्यवधान**)...

श्री सभापति: आप एक मिनट ठहरिए ...(**व्यवधान**)... आप सुन लीजिए ...(**व्यवधान**)... पहले मेरी सुनिए ...(**व्यवधान**)... आप क्वैश्चन करना चाहते हैं या नहीं? ...(**व्यवधान**)...

MS. MABEL REBELLO: This is an irrelevant question... (*Interruptions*)...

श्री रूद्रनारायण पाणि: सर, मैं क्वैश्चन करता हूं।

श्री सभापति: आप, सीधे क्वैश्चन पर आइए।

श्री रूद्रनारायण पाणि: इस योजना के अन्तर्गत बताया गया है कि आंगनवाड़ी कर्मियों को, आंगनवाड़ी वर्करों को इस योजना की सफलता के लिए काम में लगाया जाएगा। महोदय, देश की कई सारी योजनाओं की सफलता के लिए आंगनवाड़ी कर्मियों को लगाया जाता है। मेरा मंत्री महोदय से आपके माध्यम से सवाल है कि ...(**व्यवधान**)... गरीब आंगनवाड़ी कर्मियों को, जिनको बहुत ही कम मानधन दिया जाता है, इस योजना में गरीब आंगनवाड़ी महिला कर्मियों को जब संपृक्त किया जाता है, जब इनकी सेवा ली जाती है, क्या इस योजना के पैसे से उनको अतिरिक्त स्वतंत्र कुछ मानधन दिया जाता है या दिए जाने का प्रस्ताव है?

DR. ANBUMANI RAMDOSS: Sir, firstly, this is called a Mission because we are taking this programme in a mission mode. It is not just another

programme and for this programme we have a 7-year period—two years in the Tenth Plan and five years in the Eleventh Plan. By 2012, we tend to have our National Health Policy targets for infant mortality, maternal mortality, etc., achieved. That is why it is called a Mission programme, the National Rural Health Mission, and is in a mission mode.

Secondly, the hon. member asked about the Anganwadi workers. This come under the HRD Ministry, even though the Health Ministry is coordinating with it. The ASHA, Anganwadi workers and ANM are a team working in a village in the sub-centre. In fact, we have some of the schemes in the National Rural Health Mission. The Anganwadi workers will also be benefited through these schemes because this is a combination of a team work. In fact, Self-Help Groups, the Panchayat representatives, etc., are all part of the team in a village. Every village in the country will have a Health and Sanitation Committee where ANM, Anganwadi workers, ASHA, Panchayat Raj village headman, representatives of the Self-Help Groups, etc., are there. They are going to be part of the scheme. Every year we are giving Rs. 10,000 as contingency plan for each Village Health and Sanitation Committee so that they can plan their own programmes and priorities.

SHRIMATI BRINDA KARAT: What is the payment made to ASHAs?

MR. CHAIRMAN: Prof. P.J. Kurien. (*Interruptions*).

SHRIMATI BRINDA KARAT: Sir, it is a very relevant question.

MR. CHAIRMAN: Please take your seat. I am not allowing. Prof. P.J. Kurien ...(*Interruptions*)... I am not allowing it. Please sit down.

PROF. P.J. KURIEN: Sir, the NRHM is one of the very useful and effective programmes of the Government of India. The hon. Minister has just now said that focus is on 18 States, depending on the health parameters, which has been arrived at after scientific study. That is correct and it should be like that. But, Sir, when you look at the whole project you can see one important thing that those States which have done very well in the matter of health care by implementing the programmes efficiently, they happen to be the sufferers and they are being penalised. For example, States like Tamil Nadu, which is hon. Minister's State, and Kerala, have done very well in the matter of healthcare. Their health indicators and health parameters are showing better results. There is no focus on them

and their funds have been reduced. They are being penalised: So this principle of penalising the States which are doing better, is it in the larger interest of the nation? That is what I want to know. Sir, I don't grudge that more help is being given to those States which are backward. But this very principle has to be looked into.

DR. ANBUMANI RAMDOSS: Sir, there is no principle of penalising any state. The NRHM covers the entire country. But we are only focussing on these 18 States, which are Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, Chhattisgarh, Jharkhand, Uttaranchal, North Eastern States, Himachal Pradesh and Jammu and Kashmir. We are focussing on these States more because we are taking the bottom 18 States in the health parameters like the IMR, MMR, TFR and others. That is why we have categorised it. The entire country is being covered. The hon. Member has said that these States are being penalised. I have not got any complaint from the respective Health Ministers of Tamil Nadu and Kerala. They are very cooperative. All the Health Ministers are very cooperative, so far as this programme is concerned.

Coming to the question which Shrimati Brinda Karat has raised about component of salary for ASHAs. The Accredited Social Health Activist has to be a woman. She has to live in a village. Minimum qualification for ASHA is 8th Standard. In some Tribal areas, where there are no facilities, we have lowered the criteria a little bit. The Government has envisaged that by next year we will be enlisting 2,50,000 ASHAs in 2,50,000 villages. Till today, 2,60,000 to 2,70,000 ASHAs are being put in place. In the answer, the figure given is 2,38,000. But in actuality, last night when I went through it, I found that 2,60,000 are being put in place. The criterion is, we train ASHAs for a period of 28 days. They are given complete training. ASHAs are not paid salary as such. They get paid for the work they do. For immunisation, if ASHA takes a child to the nearest Sub-Centre, she will be paid money. If she takes a woman for antenatal check up, she will be paid money. If she takes a woman for delivery, she will be paid money. If she takes women for post natal check up, she will be paid money. If ASHA induces women in a village to build a household latrine through the HRD Ministry's fund, she will be paid money. ASHA is being compensated enough. She is paid according to the work she does. There is no criterion as to how much she will be paid. The more work she does, the more money she is going to be paid.